AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and	l Location:			THE RESERVE OF THE PARTY OF THE	ate: { 14 14
I, The New M do hereby reque	edia Firm est station time cond	cerning the follo	wing issue:		
Citizens for Aff	fordable Quality Ho	ome Care			
Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
		9/25-10/1			
Total Charg	ges: \$50	80.W			
This broadcast t	ime will be used by	rales de la composición del composición de la co	fordable Qual	ity Home Care	
Does the p message re	rogramming (elating to any	in whole or political ma	in part) c	ommunicate ational impo	e "a rtance?"
, <u>, , , , , , , , , , , , , , , , , , </u>	□ Yes			□ No	

NAB Form PB-17 Issues

importance," list the name of	nmunicates a message relating to any of the legally qualified candidate(s) the date(s) of the election(s) (if appli	the programming refers to the	
For programming that "comi importance," attach Agreed	municates a message relating to any Upon Schedule (Page 3)	political matter of national	
I represent that the payment	for the above described broadcast t	ime has been furnished by:	
Citizens for Affordable Qual	ity Home Care - 400 Galleria Officentr	e, Suite 117, Southfield, MI 48034	
and you are authorized to and furnishing the payment, if of	nounce the time as paid for by such her than an individual person, is:	person or entity. The entity	
a corporation; 🗸 a co	mmittee; an association;	or other unincorporated group	
agents of the entity are name Dohn Hoyle - Treasurer THIS STATION DOES NOT	esses of the chief executive officers d below (may be attached separately DISCRIMINATE OR PERMIT D N THE PLACMENT OF ADVERT	r): ISCRIMINATION ON THE BAS	
easonable attorney's fees, that reduced by the structure of the second control of the se	armless the station for any damages may ensue from the broadcast of the e-stated broadcast(s), I also agree be delivered to the station at least ed broadcasts.	above-requested to prepare a script.	
	GNED BY ISSUE ADVE	RTISER	
1/10/12	×Ht		
Date TO RE STG	Constant Programmes	Contact Phone Number	
Accepted	Accepted in Part	RESENTATIVE Rejected	
Signature	Printed Name	Title	